

Enclosure 9
INSTRUCTOR RE-AUTHORIZATION APPLICATION
EMT-BASIC / EMT-INTERMEDIATE / EMT-PARAMEDIC

INSTRUCTOR NAME (Print)

DATE

MAILING ADDRESS

CITY / STATE / ZIP

Home Phone

Work Phone

Pager

- [] EMT-**BASIC** INSTRUCTOR RE-AUTHORIZATION
[] EMT-**INTERMEDIATE** INSTRUCTOR RE-AUTHORIZATION
[] EMT-**PARAMEDIC** INSTRUCTOR RE-AUTHORIZATION

NO APPLICATION WILL BE ACCEPTED WITHOUT THE FOLLOWING DOCUMENTATION:

- [] Copy of current SC & NR EMT-Paramedic cards (***All Instructors - Must have both!***)
[] Copy of current approved CPR (BLS) Instructor Card (***All Instructors***)
[] Copy of current approved Trauma Instructor Card (***Intermediate & Lead Paramedic Only***)
[] Copy of current ACLS Instructor Card (***Lead Paramedic Instructor Only***)
[] Copy of current approved Pediatric Instructor Card (***Lead Paramedic Instructor Only***)
[] Documentation of 12 hours of approved educational CEUs (***All Instructors***)

READ THE FOLLOWING CAREFULLY BEFORE SIGNING.

I understand that my instructor authorization(s) will not be considered without submission of the above credentials. I also understand that I will not be re-authorized unless I gain the required endorsements listed on the reverse side of this form.

INSTRUCTOR SIGNATURE

DATE

Attach all documentation to this form and complete all information and obtain all required endorsements on the reverse side. Mail completed packet to: SC DHEC EMS Division, 2600 Bull Street, Columbia, SC 29201.

********DHEC Use Only********

[] Does not qualify for re-authorization because: _____

INSTRUCTOR NAME (Print)

List below any EMT courses (basic/intermediate/paramedic) you have taught during the last certification period. (*Requirement is one initial course or two refresher courses every three years*)

_____ [] Initial [] Refresher
 Course # Course Sponsor

_____ [] Initial [] Refresher
 Course # Course Sponsor

_____ [] Initial [] Refresher
 Course # Course Sponsor

ENDORSEMENT (EMT-BASIC INSTRUCTOR)

*I agree endorse this person for EMT-**Basic** Instructor Re-authorization I will continue to use this instructor in my EMT-**Basic** training program.*

Name (**Print**): EMT- **Basic** Program Director

<i>Signature:</i>	EMT- Basic Program Director	Date
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ENDORSEMENT (EMT-INTERMEDIATE / PARAMEDIC INSTRUCTOR)

I agree endorse this person for:

[] EMT-**Intermediate** Instructor Re-authorization

[] EMT-**Paramedic** Instructor Re-authorization

1): *I will continue to use this instructor in my **Advanced** EMT training program(s).*

Name (Print): **Advanced EMT Program Director**

<i>Signature:</i>	Advanced EMT Program Director	Date
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2): *I endorse this candidate for re-authorization as an Instructor.*

Name (Print): **Medical Contro Physician** for Candidate's EMS Provider

Signature: **Medical Contro Physician** for Candidate's EMS Provider _____ Date _____